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**ARIZONA STATE DEPARTMENT OF HEALTH**  
DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

**SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No. \*.....

Place of Birth Globe, Arizona County Gila No. .... St. ....

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			

DATE OF BIRTH\* October 29 - 1924

(Month) (Day) (Year)

FULL NAME Thomas Joy Woolford FATHER

FULL MAIDEN NAME Lottie Inez Penrod MOTHER

I HEREBY CERTIFY that the child described herein has been named

Virginia S. (I.O.) Woolford (Give name in full) (Surname)

Inez V. Woolford (Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 A.P.

564-1029-374